



A Constitutional Approach to Male Infertility

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ABSTRACT : About 8 per cent to 10 per cent of couples of reproductive age experience infertility, and in approximately 40 per cent of these cases male infertility² is the major factor. More than 90 per cent of the male infertility cases are due to low sperm counts, poor sperm quality, or both. Homeopathy is a well-described, scientifically based system which can cure male infertility through a constitutional approach⁸. The investigations have also done before and after treatment to assess the efficacy of the indicated constitutional remedy.

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infertility

Infertility is the inability of the female partner to conceive after one year of regular, unprotected intercourse⁷. Infertility may be due to a single cause in either male or female partner, or a combination of factors that may prevent a pregnancy from occurring.

Causes of male infertility³ can be divided into three main categories:

Sperm production disorders affecting the quality and/or the quantity of sperm :

- Affected by the raised local (scrotal) temperature,
- Presence of varicocele,
- Use of tight under-garments,
- An occupational hazard where men are subjected to excessive heat

Anatomical :

- Incomplete development of testis.
- Late descent or non-descent of the

testis

- Obstructions can be due to
- Infections
- Injury,
- Absence of the tract (vas) from birth.

Other factors such immunological disorders:

The five main factors that contribute to sperm quality are:

Sperm count	Concentration	Motility
	Speed	Morphology

Many factors can interfere with optimal sperm quality in men.

The main causes are described below:

Varicocele	Hypogonadism	Anti-sperm antibodies
Lifestyle factors	Infections	Medications
Cancer	Genetic disorders	Retrograde ejaculation

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Sperm count :

The sperm count is the total number of sperm found in semen. A normal sperm sample has at least 40 million⁸ sperm cells. If the sperm count is lower than 40 million, this does not necessarily imply that the man is infertile, however it may take longer to achieve conception.

Concentration :

The concentration is the number of sperm cells per millilitre of semen. A concentration of at least 20 million sperm per milliliter is considered “normal”.

Motility :

Sperm motility refers to the ability of the sperm to move or “swim”. The ability of the sperm to travel through the cervical mucus and to the fallopian tubes is essential. Enough sperm should be able to move quickly enough and in a straight direction to be capable of fertilization. “Normal” sperm motility is about 50 per cent.

Speed :

Speed is sometimes referred to as “rapid linear progression”. It refers to the number of sperm that are the fastest swimmers and are likely to fertilize the egg.

Morphology :

Morphology is the size and shape of the sperm. Normal sperm have an oval “head” and a long tail. Defects in sperm morphology may impair the swimming strength or the ability of the sperm to penetrate and fertilize an egg. In a semen analysis, 15 per cent or more of the sample should be normal sperm.

Varicocele :

Varicocele is varicose (enlarged and twisted) veins located in the testicles. Varicocele⁸ can impair sperm production and therefore reduce sperm counts.

Hypogonadism :

Hypogonadism is a condition that results in markedly decreased levels of the hormone testosterone. This deficiency negatively impacts sperm production and therefore sperm count. Typically hypogonadism is a congenital (present at birth) problem, however it can develop later in life from various brain tumors, radiation treatments, or rarely, unknown causes.

Anti-sperm antibodies :

Both men and women can have anti-sperm antibodies, which are proteins in the body that “attack” sperm cells and disable them, preventing them from reaching and fertilizing a viable egg. Anti-sperm antibodies can attach to either the head or the tail of sperm, causing the sperm to stick together or preventing them from penetrating the egg. Thus, the antibodies mainly affect sperm motility and morphology.

Minimal standards of adequacy	
Volume	1.5-5.0 milliliters
Sperm	20 million per milliliter
Motility	Over 60 per cent
Speed	Grade 2 or higher
Morphology	Greater than 60 per cent are normal shape
Fructose	Present

The volume of the semen sample, approximate number of total sperm cells, sperm motility/forward progression and per cent of sperm with normal morphology are measured. This is the most common type of fertility testing⁶. Semen deficiencies are often labeled as follows:

- Oligospermia or Oligozoospermia - decreased number of spermatozoa in semen
- Aspermia - complete lack of semen
- Hypospermia - reduced seminal volume
- Azoospermia - absence of sperm cells in semen
- Teratospermia - increase in sperm with abnormal morphology
- Asthenozoospermia - reduced sperm motility

Investigations⁵ indicated to diagnose a case of Infertility:

- Testicular biopsy
- Radio-immunoassays like FSH, LH, Prolactin
- Agglutination tests
- Scrotal Sonography or Colour-doppler

Management :**Prevention :**

- Infertility cannot always be prevented. But the following steps may help:
- Avoid use of tobacco, marijuana, opiates, and anabolic steroids.
- Avoid exposure to harmful chemicals and heavy metals.

- Avoid excessive use of alcohol.
- Protect yourself from sexually transmitted disease by using condoms and minimizing the number of sexual partners.
- Homoeopathy has an absolute solution that can augment the probability of conception. Homoeopathic treatment of Infertility addresses both physical and emotional imbalances in an individual⁸. The psoric male suffers from oligospermia and the syphilitic male suffers from azoospermia resulting in infertility. Homoeopathy plays a role in treating Infertility by strengthening the reproductive organs in both men and women, by regulating hormonal balance, menstruation and ovulation in women, by escalating blood flow into the pelvic region, by mounting the thickness of the uterine lining and preventing the uterus from contracting hence abating chances of a miscarriage, and by increasing quality and quantity of sperm count in men.

Case 1 :*Preliminary data :*

Name : Mr R.R
 Age : 31years
 Sex : male
 Education : 8th std
 Occupation : Mill worker
 Religion : Hindu
 Address : Asaigoli

Chief complaint :

Patient came with complaint of inability to procreate since 5 years.

Location	Sensation	Modality	Concomitant
Male reproductive system	Inability to procreate Thin watery semen No pain during coition		
Since 5 years	No trauma Semen discharge quick		

Past history : Malaria in childhood
 Family history : Mother is diabetic
 Treatment history : NIL

Personal history :

Appetite : Good
 Thirst : 2-3litres
 Bowel habit : 1/d

Bladder habit : 4-5/d , 1/n
 Craving : Chicken²
 Aversion : Sweets²
 Perspiration : Nape of neck
 Sleep : Good
 Thermals : Hot patient
 Addictions : Nil

General physical examination :

Moderately built and moderately nourished
 Pallor 0; clubbing 0; icterus 0; cyanosis 0; oedema 0; lym 0

Vital signs :

Pulse : 72bpm, temperature : afebrile, RS : 18bpm,
 BP : 110/80mm of Hg, weight : 70kg

Systemic examination :

Respiratory system- Normal vesicular breath sounds heard
 CVS- S1, S2

Male Genitalia :

No swelling
 No discharge
 No tenderness
 No local rise of temperature

Investigation :

16/8/2011 – Semen analysis

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15/08/2011

Age : 31 years

Sex : Male

Height : 1.75 m

Weight : 70 kg

Temperature : 37.5°C

Pulse : 72 bpm

Respiration : 18 bpm

Blood Pressure : 110/80 mmHg

Glucose : 100 mg/dl

Hemoglobin : 15 g/dl

WBC : 10,000/cmm

RBC : 4,500,000/cmm

Platelets : 1,50,000/cmm

Serum Bilirubin : 1.2 mg/dl

Serum Creatinine : 1.0 mg/dl

Serum Urea Nitrogen : 10 mg/dl

Serum Albumin : 4.5 g/dl

Serum Total Protein : 7.5 g/dl

Serum Calcium : 9.5 mg/dl

Serum Phosphorus : 3.5 mg/dl

Serum Magnesium : 1.5 mg/dl

Serum Potassium : 4.0 mEq/L

Serum Sodium : 140 mEq/L

Serum Chloride : 100 mEq/L

Serum Bicarbonate : 24 mEq/L

Serum Lactate : 1.0 mmol/L

Serum Ammonia : 15 mmol/L

Serum Uric Acid : 5.0 mg/dl

Serum Ferritin : 100 ng/ml

Serum Vitamin D : 20 ng/ml

Serum Vitamin B12 : 500 pg/ml

Serum Folate : 10 ng/ml

Serum Vitamin E : 15 IU/ml

Serum Vitamin K : 0.5 ng/ml

Serum Vitamin A : 100 IU/ml

Serum Vitamin C : 10 mg/dl

Serum Vitamin B6 : 10 ng/ml

Serum Vitamin B9 : 10 ng/ml

Serum Vitamin B1 : 10 ng/ml

Serum Vitamin B2 : 10 ng/ml

Serum Vitamin B3 : 10 ng/ml

Serum Vitamin B5 : 10 ng/ml

Serum Vitamin B7 : 10 ng/ml

Serum Vitamin B11 : 10 ng/ml

Serum Vitamin B12 : 10 ng/ml

Serum Vitamin B13 : 10 ng/ml

Serum Vitamin B14 : 10 ng/ml

Serum Vitamin B15 : 10 ng/ml

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Serum Vitamin B90 : 10 ng/ml

Serum Vitamin B91 : 10 ng/ml

Serum Vitamin B92 : 10 ng/ml

Serum Vitamin B93 : 10 ng/ml

Serum Vitamin B94 : 10 ng/ml

Serum Vitamin B95 : 10 ng/ml

Serum Vitamin B96 : 10 ng/ml

Serum Vitamin B97 : 10 ng/ml

Serum Vitamin B98 : 10 ng/ml

Serum Vitamin B99 : 10 ng/ml

Serum Vitamin B100 : 10 ng/ml

No sperm seen (Azoospermia) :**Life space investigation :**

Patient came from a middle class family. His father was a police and mother, a house-wife. She has one elder and younger sister.

His childhood was good. He used to play with his sister and neighbourhood friends.

He was not interested in studies, he only studied upto 8th std. He rarely used to attend classes for which his father used to shout at him.

At the age of 20 he started to sell chips and looked after the family. He got married at the age of 26. He has good relation with his wife. They were not having children for which they underwent investigations and found that he is having azoospermia. He was very sad about it. When someone asks about his complaints he feel sad and weeps.

He always likes to be with his family. His brother-in-law expired 7 years back, and he used to be very close with him. As a person he does not like to share his feelings. He does not mingle with people easily, neither keeps deep relations. He gets angry when anyone contradicts him and shouts back.

Chronic constitutional totality :**Mental generals:**

- Irritable³
- Reserved²
- Disappointment² – A/F Infertility
- Obstinate²
- Contradiction aggravates²
- Does not like company
- Weepy² on getting emotional

Physical generals :

- Appetite : Reduced
- Craving : Chicken².
- Perspiration : More on nape of neck
- Thermally : Hot patient.

Characteristic particulars :

- Semen-thin and watery
- Semen discharge- quick

Prescription:

- Rx Lyco.200/1p
- No. 2 pills

Followups:

- 5/9/13
- Semen thicker
- USG : right epididymis cyst- 2.2cm
- Rx Lyco.0/1p
- No2 pills
- 7/11/13
- Feels better
- 5/12/13
- Peeling or skin in right forearm.
- Rx Lyco.200/1p
- No2 pills
- 3/4/14
- Sperm count 12.8 million/ml

SPERM ANALYSIS	
PHYSICAL EXAMINATION	
Quantity	2 ml
Colour	Grey
Odor	R.T
Viscosity	Normal
Agglutination time	PARTLY 12-15 MIN AFTER 3-4 HRS
Sperm count	12.8 mill/ml Normal : > 20 mill/ml
SPERM MOTILITY	
Total motile sperm	80 % Normal : 70 %
Actively motile	60 %
Slightly motile	20 %
Non motile	20 %
SPERM MORPHOLOGY	
Normal morphology	90 %
Abnormal morphology	10 %
Pin head	10 %
Giant head	NIL
OTHER FINDINGS	
WBC	1-2 / HPF
Erythrocyte cells	NIL

Total motile sperm 80 per cent

Non motile 20 per cent

Wife- Urine- pregnancy test –positive on 03-04-14

Conclusion :

Thus timely help; expert opinion, judicious use of current medical knowledge, investigation techniques, and tests, helped in appropriate management and cure of male infertility exemplifying and aptly demonstrating. The importance of constitutional prescribing in such cases.

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